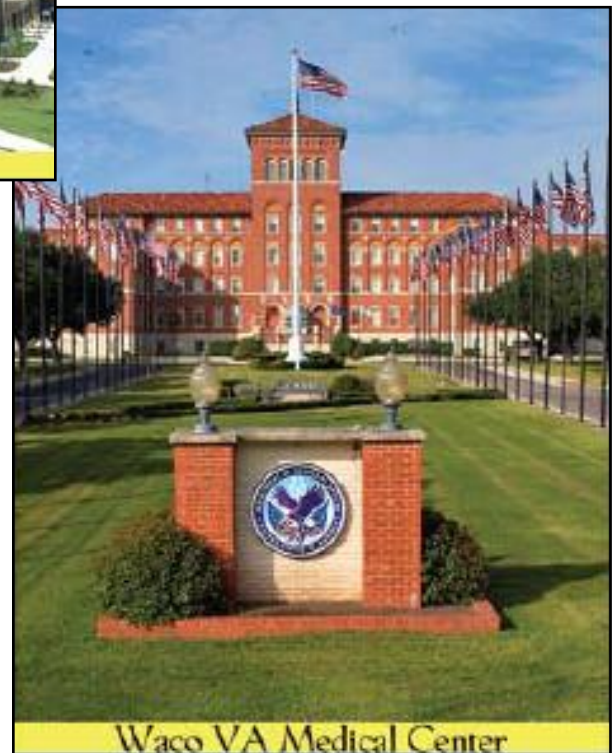




Central Texas Veterans Health Care System



Psychology Internship Program 2013-14

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Psychology Internship Program

Central Texas Veterans Health Care System
Director, Psychology Internship Program (151C)
4800 Memorial Drive
Waco, TX 76711

(254) 297-5298

<http://www.centraltexas.va.gov/services/Psychology.asp>

APPIC Match Numbers:

Austin: 159114

Temple: 159113

Waco: 159112

Application due date: November 30, 2012

Accreditation Related Information:

The Psychology Internship program at the Central Texas Veterans Health Care System has been accredited by the American Psychological Association since 1979. The program's next accreditation site visit is scheduled for 2018.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Eligibility:

The Central Texas Veterans Health Care System Psychology Training Program offers an APA-accredited internship to U.S. citizens who are enrolled in a doctoral degree program in Clinical or Counseling Psychology at an APA-accredited institution. Applicants must be certified as ready for internship by their university Director of Training. Completed internship applications are reviewed by the Psychology Internship Selection Committee and must be received no later than November 30th of the calendar year preceding the internship year. The CTVHCS internship program requires that applicants have completed at least 1200 total practicum hours (assessment + intervention + supervision) prior to the start of internship. These hours should be listed as completed and/or anticipated hours verified by the Director of Clinical Training on the AAPI. The 1200 hour requirement includes a minimum of 300 assessment hours and 400 intervention hours. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter. Per VHA policy, all selections are conditional pending a criminal background check and passing a physical examination. As an equal opportunity training

program, the internship program welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status (See Diversity Statement in following section).

Applications:

Our application and selection process is designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of the most recent approved APPIC policy has been reprinted with permission and is included at the end of this brochure. This APPIC match policy can be found at <http://www.appic.org>. The general instructions for the online application (AAPI Online) are also located at the APPIC website. All application materials will be received through the APPIC on-line portal.

Application materials must include the following:

- A complete APPIC Application for Psychology Internship (AAPI), accessed at <http://www.appic.org/AAPI>
- This includes the following materials:
 - General AAPI application, including background, education, experience, and essay questions.
 - Cover letter describing your interest in and fit with our training program, and listing the names of those who will be providing letters of recommendation.
 - Applicants may choose to identify themselves as representing racial, cultural, ethnic, or other element(s) of diversity.
 - Current curriculum vita
 - Academic transcripts from ALL Graduate institutions that you have attended.
 - Three (3) letters of recommendation from doctoral level psychologists who have been closely involved in your training. These letters may be from classroom faculty, research advisors, or other psychologists familiar with your work and qualifications. At least one letter must be from a supervisor who has direct knowledge of your clinical skills.
 - A WORK SAMPLE consisting of a completed psychological evaluation that integrates interview and psychological test data. All identifying information must be redacted according to HIPAA guidelines (<http://hipaa.wisc.edu/ResearchGuide/deidentification.html>)
- Verification of internship eligibility and readiness must be provided by the applicant's Director of Clinical Training via the APPIC DCT Portal.
- Reference letters are provided by requested referees via the APPIC Reference Portal.

Factors considered by the committee in selecting interns include:

- scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
- the breadth and depth of clinical experience obtained through practicum training;
- evidence of personal maturity and readiness for internship training; and

- the degree to which the applicant's stated training objectives match the training opportunities available in our setting.
- We give preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

After the applications have been reviewed, we notify all applicants of their interview status by December 15th. Applicants have a choice of attending one of our on-site interviews or taking part in telephone interviews. Phone interviews will be with the Director of Internship Training, at least one other member of the training staff and one or more of our current interns. Typically, we interview approximately 40 applicants for our five internship slots. Each January, we offer six or seven on-site interview dates for invited applicants to choose from. We typically hold two to three interview days in Temple, two interview days in Waco and two interview days in Austin. The tentative interview dates for 2013 are:

Temple: Mon 1/7/13, and Tues 1/15/13
 Waco: Thurs 1/3/13, and Wed 1/9/13
 Austin: Fri 1/4/13, and Fri 1/11/13

We make every effort to limit the number of interviewees to no more than seven applicants at any of the interviews. The interview process begins at noon, and generally ends by 4:30pm. In the first hour, we provide lunch and give an overview of the program. Afterwards, each interviewee will have a series of individual interviews with various staff psychologists. Applicants will also meet with at least two current interns to gain their perspective on the training experience. Interns are not involved in the applicant ranking process. Attendance at an on-site interview is not required and is not viewed as an indication of an applicant's level of interest in our training program. We recognize that intern applicants typically apply to a number of training sites and that travel for personal interviews has become increasingly time-consuming and costly. Therefore, we allow applicants to consider telephone interviews as an acceptable alternative to attendance at an on-site interview.

Applicants who match with our site should be aware of the following Federal Government requirements: The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns can be required to be tested prior to beginning work, and once on staff are subject to random drug testing as are other staff members. Interns also undergo VA Human Resources screening procedures, including security (fingerprinting) and background checks. Match results and selection decisions are contingent on passing these screens.

For additional information, please contact:

Andrew J. Cook, Ph.D.
 Director of Psychology Internship Training
 Central Texas Veterans Health Care System

4800 Memorial Drive (151C)
Waco, TX 76711
(254) 297-5298
E-mail: andrew.cook@va.gov

Diversity Statement (updated May 2011)

The Central Texas Veterans Health Care System APA-accredited doctoral internship is committed to the promotion and affirmation of diversity in its broadest sense. Our mission is to provide training for doctoral level psychology students that is consistent with professional ethics and standards that place a high value on the dignity and worth of individuals regardless of their gender expression and identity, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, religious beliefs, and socioeconomic class. Therefore, as part of their professional functioning, all training staff members are expected to respect the dignity and worth of the individual (both client and intern), and to strive for the preservation and protection of fundamental human rights.

In order to meet our training model of reflective practitioner, we must maintain an atmosphere of respect and trust in which we feel free to explore and discuss our attitudes, beliefs, values, and behaviors in relation to others who are similar to and different from ourselves. As part of our service and training mission, we require of ourselves a commitment to work toward the recognition and elimination of prejudice and discrimination. In particular, prejudice and discrimination on the basis of gender expression and identity, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, religious beliefs, and socioeconomic class run counter to our professional ethics. Such prejudice and discrimination are detrimental to the practice of psychotherapy, supervision, training, consultation, developmental programming, and research; and to the development of effective collegiality among staff members. We further emphasize that all staff members and trainees will fulfill the agency's expectation and their ethical obligation to accept and support the right of colleagues and clients to affirm a gay, lesbian, or bisexual orientation and/or transgender identity.

As we strive to educate ourselves and others about the mental health issues of a pluralistic society, we recognize that an examination of personal prejudice and discrimination and their impact on our professional work is best accomplished within a climate of safety and respect. Therefore, training staff members are expected to support each other and trainees in exploring their individual prejudices, and in cultivating positive attitudinal and behavioral change in one another.

The Community and Surroundings

Temple is a community with a population of over 66,000 people located in Central Texas, approximately 60 miles north of Austin and 35 miles south of Waco. The Temple campus of the Texas A&M Health Science Center College of Medicine is headquartered in the Scott & White hospital system, and provides clinical training at the Temple VA Medical Center. The Scott & White hospital system consists of 12

hospitals or hospital partners and more than 60 clinics, and is one of the nation's largest multi-specialty group practice systems. Several post-doctoral psychology training programs are housed within their Temple campus. There are approximately 379,000 people in the Killeen-Temple-Fort Hood Metropolitan Service Area which includes Fort Hood Army Base, one of the largest U.S. military installations in the world and home to over 50,000 soldiers. Waco is community of approximately 125,000 people with a population of approximately 234,000 people in the greater Waco area. It has diverse economy and is the home of Baylor University and Texas State Technical College. It is located approximately 100 miles to the south of Dallas/Fort Worth and 95 miles north of Austin. Austin is a city of over 820,000 people and is the state capital. It has a diverse economy and is home to the University of Texas. There are over 1.7 million people in the Austin-Round Rock-San Marcos Metropolitan Service Area.

The Central Texas climate is warm and sunny throughout most of the year and there is an abundance of local lakes and other recreational facilities. Housing is generally more affordable in Waco and Temple than in most of the larger metropolitan areas of the state. The cultural activities in Temple and Waco are plentiful for communities of their size. The major metropolitan areas of Texas, including Austin, Houston, Dallas, and San Antonio, are all within easy driving distance.

Helpful information about the cities of Temple, Waco and Austin can be found on the web at www.ci.temple.tx.us and www.waco-texas.com and <http://www.austintexas.gov/>.

CTVHCS General Information

In 1995, the Olin E. Teague Veterans' Medical Center, the Waco VA Medical Center, the Thomas T. Connally VA Medical Center and four outpatient clinics, were integrated to become the Central Texas Veterans Health Care System (CTVHCS). Currently there are large facilities in Waco, Temple and Austin and smaller community based outpatient clinics in Cedar Park, Bryan/College Station, Brownwood and Palestine. Internship training takes place in the major medical/psychiatric facilities in Waco, Temple and Austin. The Temple facility contains a full-service general medical and surgical teaching hospital and a large domiciliary which offers residential rehabilitation treatment programs for veterans experiencing problems with substance abuse, veterans with chronic serious mental illness and veterans in need of vocational rehabilitation services. The Waco VA Medical Center in Waco, TX operates an inpatient psychiatry unit, a blind rehabilitation unit, two community living centers for medical and psychiatrically impaired geriatric patients, a post traumatic stress disorder residential rehabilitation program and a residential rehabilitation program for veterans with chronic serious mental illness, and also hosts the VISN 17 Center of Excellence for Research on Returning War Veterans. The Austin VA Outpatient Clinic is a large multi-specialty medical clinic. To accommodate rapid growth in services offered in Austin, the majority of mental health services were moved to a separate location (Southgate Center), and a large new outpatient facility is under construction. This is planned to be the largest VA outpatient clinic in the country, at the time of construction. In addition to the inpatient and residentially based services in Waco

and Temple, all three sites have a wide array of outpatient mental health services. See the Training Rotations section below for descriptions of training opportunities at each site.

CTVHCS Psychology Service

Psychology Service currently consists of over 60 full-time and 4 part-time psychologists. The Psychology Service has a long history of involvement in training. The Psychology Internship Program has been continually APA accredited for over 30 years. CTVHCS is also one of seven VA medical centers across the country to have an Interprofessional Fellowship in Psychosocial Rehabilitation of Veterans with Chronic Serious Mental Illness. The Fellowship program includes Psychology Post Doctoral Fellows. The VISN 17 Center of Excellence housed on the Waco campus is a training site for the VA Interprofessional Advanced Fellowship in Mental Illness Research and Treatment. CTVHCS offers practicum training to doctoral students from Baylor University, the University of Texas and Texas A&M University. CTVHCS psychologists also participate in training of Psychiatry Residents and students. Psychology staff are well represented in all major areas of healthcare provision as well as serving on a variety of professional committees and boards. Psychologists often serve as mental health treatment program leaders. Our medical center is affiliated with the Texas A&M Health Science Center College of Medicine, and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.

Program Philosophy

As a Practitioner Scholar model program with a commitment to development of "Reflective Practitioners" as discussed in Hoshmand and Polkinghorne (1992), we believe that preparation of professional psychologists requires broad exposure to the knowledge base of the science of psychology and the related fields that form the foundation of the discipline. Developing psychologists must acquire the knowledge, skills, and attitudes that encourage the scientific approach to practice, whether through the conduct of scientific research, application of the products of scientific research, or through the enhancement of existing knowledge by way of professional practices that include reflective reasoning. Based upon this philosophy, interns receive broad, comprehensive training in preparation for entry-level, generalist practice in professional psychology.

It is our philosophy that at this level of professional development, psychology interns should be exposed to experienced psychologists/supervisors who will build upon interns' previously-acquired scientific knowledge through guidance and supervision in the application of that knowledge and through the encouragement of practice-based inquiry and attainment of clinical expertise. At this stage of professional education, interns are also expected to access and apply the scientific and experiential

database of psychology, as, for example, would be reflected through awareness of empirically supported interventions. Interns will also be nurtured in the development of the reflective characteristic of expert practice. Consistent with recommendations of Hoshmand and Polkinghorne (1992), this program places extensive emphasis upon the development of reflective skills to enhance deliberative control over the biases that hamper full understanding, suppress appropriate skepticism, and lessen practitioners' effectiveness. This program incorporates the concept of the "reflective practitioner" whose professional wisdom includes the ability to evaluate and critique one's own understanding and actions (Schon, 1987). Therefore, this program emphasizes the practical value of reflecting through intensive case study, mastering the skills of locating/incorporating existing scientific knowledge, and seeking experiential wisdom.

Hoshmand, L.T. & Polkinghorne, D.E. (1992). Redefining the science-practice relationship and professional training. *American Psychologist*, 47, 55-66.

Schon, D. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.

Philosophy of Intern Professional Development

Intensive exposure to experienced psychologist supervisors during the internship year will enable interns to demonstrate marked growth in professional competencies. The internship year at CTVHCS is conceptualized as an organized sequence of training experiences that build upon interns' scientific knowledge base and previous clinical training. Interns' abilities will be assessed at several critical points during the year and overall progress will be monitored continually through the collaborative efforts of the intern, the immediate supervisors, intern preceptors, and internship training committee.

Increasing Autonomy (Frequency and Intensity of Supervision) – Although interns receive a minimum of four hours per week of formal supervision, they will receive considerable informal supervision throughout the year. However, as the year progresses and interns become increasingly autonomous professionally, they will have less need for informal supervisory input.

Complexity of Clinical Cases – In line with interns' professional development, interns will experience a shift in the complexity of their assigned cases throughout the year as well as throughout their rotations. Beginning cases will be more straightforward and familiar. Once interns have demonstrated sufficient competency with less complex clinical cases, more complex and challenging cases will be assigned to them as the year progresses.

Complexity of Interdisciplinary Role – As the year progresses, interns will be expected to increase the complexity of their contributions to interdisciplinary teams through a variety of activities such as staff education; assisting the team with process improvement activities; and assisting the team with the

development, expansion and/or evaluation of interventions to meet the needs of patients served by the team.

Core Competencies

In order to ensure that interns leave the internship program with a solid foundation for ethical, culturally and clinically effective entry level practice of professional psychology, our program focuses on the development of the competencies described below. These training competencies were updated in 2011, after a lengthy self-evaluation and program development process, and reflect the APA competency training model:

A. PROFESSIONALISM

- 1 – Professionalism:** Professional values and ethics as evidenced in behavior and attitudes that reflect the values and ethics of psychology, integrity, and responsibility.

Objectives: integrity, deportment, accountability, Concern for the welfare of others, professional identity, Professional Responsibility in Documentation, Efficiency and Time Management

- 2 – Individual and cultural diversity:** awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Objectives: Awareness of self as shaped by individual and cultural diversity and context, Awareness of others as shaped by individual and cultural diversity and context, and of the role of diversity and context in shaping interactions with others

- 3 – Ethical and Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Objectives: Knowledge of Ethical, Legal and Professional standards and guidelines; Ethical Conduct, Patient Confidentiality

- 4 – Reflective Practice/Self-Assessment/Self-Care:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Objectives: Uses self-reflective practices and self-assessment , Seeks Consultation/ Supervision, Self-Care

B. RELATIONAL

- 5 – Relationships:** Relate effectively and meaningfully with individuals, groups, and/or organizations.

Objectives: Patient Rapport, Interpersonal Behavior

C. APPLICATION

- 6 – Assessment:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Objectives: Diagnostic Skill, Psychological Test Selection and Administration, Psychological Test Interpretation, Assessment Writing Skills, Feedback Regarding Assessment

- 7 – Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and /or organizations.

Objectives: Patient Risk Management, Case Conceptualization and Treatment Goals, Therapeutic Interventions, Effective Use of Emotional Reactions in Therapy (Countertransference), Group Therapy Skills and Preparation

- 8 - Consultation:** The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Objectives: Consultation Assessment, Consultative Guidance

D. SCIENCE

- 9 – Scientific Knowledge and Methods:** Understanding of research, research methodology, biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan. Respect for scientifically derived knowledge.

Objective: Seeks Current Scientific Knowledge

- 10 – Research/Evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Objective: Develops and Implements Research or empirical program development Plan

E. EDUCATION

- 11 – Supervision:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Objective: Supervisory Skills

- 12 – Teaching:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Objective: Teaching Knowledge and Application

F. SYSTEMS

- 13 – Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Objectives: Knowledge of interdisciplinary collaboration, Functions effectively in multidisciplinary/interdisciplinary contexts

14 – Management-Administration: Manage the direct delivery of services and/or the administration of organizations, programs, or agencies.

Objective: Administrative Competency

15 – Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

Objectives: Client Empowerment, Promoting systems change

Competencies are formally evaluated at the start of the internship and at least every 4 months via the Competency Assessment Form (CAF). Expected achievement levels for each stage of internship training are detailed in the intern handbook, and are listed on the CAF.

Program Structure and Requirements

Interns are selected for primary placements in one of the three major training sites (Waco, Temple or Austin). Internship applicants rank each of the three major training sites independently. (Each site has its own match number). There is no difference in program philosophy, goals or structure across sites. All sites emphasize development of core competencies to allow development of broad entry level professional skills. Interns are required to do two of the three major rotations at their primary site. If rotations are available at a secondary site, interns are allowed to do one of their three major rotations in a secondary site. However, interns primarily placed at a site are given first choice for all training opportunities at the site to which they are primarily assigned. After match day, incoming interns are queried about their training interests, and these are considered along with training needs identified from application materials to establish initial rotation assignments.

Prior to the beginning of internship, all incoming interns are invited to a social gathering where they can meet with training staff and outgoing interns in a relaxed and supportive environment (late July). During the first week of the internship year, interns are provided with a comprehensive orientation to the Central Texas Veterans Health Care System and the internship program. Interns are given a thorough orientation to all elements of the training program including major rotations, opportunities for specialty rotations, and group learning activities such as journal clubs, case conferences etc. By the end of the orientation period, interns have developed an intern professional development plan, identified rotation interests, and are matched with a preceptor.

The process of rotation selection is based on a collaborative effort between each intern, the Training Director and the Internship Training Committee. While there are no mandatory rotations and interns usually do not compete with each other for rotations, the rotations chosen are a function of the Internship Committee's evaluation of the interns' training needs, the intern's self-evaluation on training competencies and perception of their professional development needs for the internship year, and initial competency

evaluations by first rotation supervisors. All rotation choices are approved by the Internship Training Committee.

Process of rotation selection is as follows: Initial major rotations are assigned before the commencement of the training year. Assignment is based on review by the Training Director and Training Committee of each intern's application file and interview materials, with attention paid to breadth and depth of experiences, strengths and weaknesses of previous training, and training needs identified by the Director of Clinical Training and former supervisors/references. Interns preferences for training experiences and self-assessment of training needs are also taken into account. During the orientation week at the start of internship, the interns complete a professional development plan which includes a summary of previous clinical training, a self-assessment of professional development in the core professional competencies, career goals, and training goals relative to the core competencies. Interns also meet with supervisors on each of the major rotations at their primary site and meetings are individually arranged at secondary sites if interns have an interest in training at a second major site. After the first three-four weeks on the first major rotations, supervisors provide initial ratings of interns on the training competencies. Rotation assignment is made by the Training Committee based on all of these factors, along with the previously noted review of application and interview materials, and with consideration to rotation staffing and availability during the training year.

Based on a collaborative effort between the interns, their rotation supervisors, preceptors, and the Training Director, an initial rotation training plan is developed for submission to the Internship Training Committee. The Training Director ensures that each rotation plan provides opportunities to remediate any area of weakness in previous training and provides sufficient new learning opportunities in the areas of diagnosis, assessment, intervention and consultation. The intern rotation training plans are submitted to the Internship Training Committee for approval or modification on the basis of the degree to which the training plans meet the learning needs of each intern. The rotation training plans specify the experiences to be offered and the skills to be taught on the rotation, and include a formal supervision contract between the intern and rotation supervisor(s). This plan is signed by the intern, the preceptor, and the rotation supervisor.

Over the succeeding months of the year, interns meet with preceptors to review progress toward training goals, to discuss broader issues of interns' development as professional psychologists and if needed, to address any concerns about training settings or relationships. In the early portion of the training year, interns and preceptors typically meet weekly or bi-weekly, with meetings becoming less frequent as the year unfolds.

Every Wednesday afternoon (1:00-4:30) is designated as didactic time for interns. Two hours (1-3 p.m.) are dedicated to a series of seminars that are presented by local and CTVHCS psychologists and other professional mental health staff, which address the science and practice of professional psychology. The content of these didactic seminars include but are not limited to: therapeutic assessment,

neuropsychology, crisis intervention, pharmacology, short-term psychotherapy, treatment of addictions, ethics, Acceptance and Commitment Therapy, marital counseling, treating complex PTSD, and other topics. The remainder of the Wednesday afternoon didactic time (3-4:30 p.m.) is used for a combination of case conferences, group supervision, meetings with the Director of Training, Multicultural/Diversity seminar and Empirically-Supported Treatment Journal Club. (Each series is held twice monthly for approximately half of the year). Interns are also allocated an hour on Wednesdays to spend together to build collegial relationships and serve as sources of support, encouragement and information for each other.

The intern stipend is currently \$23,974. Interns are eligible to purchase health and life insurance through the same program as all VHA employees. Interns must successfully complete twelve months of training with a minimum of 1900 hours. Terminal leave is not permitted. In other words all interns must be present on the last day of internship. Training is usually conducted during regular work hours (8:00 a.m. to 4:30 p.m., Monday through Friday). Authorized absence to attend educational activities, to present research papers, or to attend professional meetings is negotiated with the clinical supervisor and the Director of Training. Interns must complete three, four-month major rotations in different training settings. There are also opportunities to receive specialty training through one or two minor rotations (4 hrs/week), typically six months in duration. If research is relevant to future career goals, interns are encouraged to become involved in research being conducted by staff, and to consider a full year or 6-month clinical research minor rotation with the VISN 17 Center of Excellence in Waco (see rotation descriptions section). In all elements of the training program, interns are expected to adhere to the Ethical Principles of Psychologists and Code of Conduct by the American Psychological Association and a copy of same is provided at the outset of the training year.

Minimum clinical requirements:

Direct patient care (face-to-face contact and documentation): 1200 hours (60%)

Assessments: 18

(combined interview and testing, based on individual rotation standards)

Individual therapy cases:

Short-term/time-limited: 15

Long-term: 1

(extending beyond a single major rotation)

Evidence-Based Psychotherapy protocol: 3

Groups:

Evidence-Based Psychotherapy protocol: 1

Psychoed/Coping skills 2

Total 3

Formal case presentations: 2

Supervision and Evaluation

Interns receive regularly scheduled supervision for their clinical work by doctoral-level psychologists. All notes and reports are countersigned by supervising psychologists, and a supervising psychologist is always available when the intern is on duty. We take pride in feedback from former interns who have acknowledged the accessibility of supervisors and quality of supervision as strengths of our program. Interns and staff members work closely together, often working as co-therapists or jointly participating in treatment planning meetings, clinical rounds, patient education activities, supervision/education of medical students, or consultation activities. As a result, interns have abundant opportunities for observational learning and informal supervision.

The program has a sincere commitment to the creation of a training environment of support and trust, where interns feel comfortable to reveal areas of inexperience or weakness, ask questions, and discuss concerns or problems. Supervisors, preceptors, and the Training Director attend to the interns' needs for professional development and ethical awareness. Interns are primary sources of information for the program's self-assessment and quality enhancement activities, both through formal feedback and continual encouragement of suggestions to improve the program.

During the training year, interns receive a weekly minimum of four hours of supervision. The primary site supervisor provides a minimum of two hours of individual supervision, but additional supervision is provided by supervisor(s) of special training electives, by preceptors, and by the Training Director in monthly group supervision. In actuality, there is a great deal more informal supervision and collaboration between intern and supervisor in most training settings. Although supervision is always made available when needed, the program philosophy is that intern growth and movement toward professional autonomy will be reflected throughout the year. As a result, it is anticipated that informal and unscheduled supervision will be most plentiful earlier in the internship year.

Informal feedback and constructive suggestions are, of course, given to interns throughout the training year in the contexts of individual supervision, group supervision and meetings with the Training Director. Supervisors provide a summary of feedback to the Training Committee at the mid-point of the major rotations. More formalized feedback is provided in several ways. At the conclusion of each 4-month rotation, the rotation supervisors complete formal written evaluations of the intern's performance (including appropriate input from any "off-rotation" supervisors) based on the training competencies. The intern, rotation supervisor, and preceptor review, discuss and, if appropriate, modify the evaluation. A

copy of the resulting evaluation is then provided to the intern and Training Director, and the evaluations are reviewed by the Training Committee, which recommends changes to the Rotation Training Plans based on this evaluative feedback. Additionally, the Training Director provides a mid-year report to the intern's graduate training program's Director of Clinical Training, and an end of year report which indicates the intern's status regarding competency development and internship completion at the end of the training year.

Evaluation is a reciprocal process, as interns formally and informally evaluate the quality of the training. Interns are encouraged to provide specific feedback about their training experiences to their supervisors, preceptors and/or the Training Director at any time. To accommodate this important quality assurance process, preceptors may meet more often with interns during the first few weeks of each rotation (or during any times of difficulty). At the conclusion of each rotation (or if preferred by the intern, at the completion of the training year), interns complete a formal rotation evaluation form that will be sent to the Training Director. To assure candid assessments, intern evaluations are kept sealed until the conclusion of the internship year. At that time, the Internship Director and Training Committee review the evaluations, subsequently providing appropriate feedback and suggestions to rotation supervisors.

In addition to their evaluations of the training rotations, interns also complete separate evaluations of the quality and utility of all seminars in the didactic training series. These seminar evaluations are summarized by the Training Director and used to plan future seminar series as well as to provide constructive feedback to seminar presenters (with attention to the interns' wishes for disclosure). Interns provide written evaluations of other aspects of the training program at year-end, and also do exit interviews with the Internship Training Director and the Chief of Psychology Service, for additional feedback and quality improvement input.

Interns are invited to attend and participate in our monthly Psychology Service staff meetings, Mental Health & Behavioral Medicine departmental staff meetings, and Internship Training Committee meetings. An intern representative attends the Training Committee meetings to present any questions or concerns that interns may have and to provide the intern perspective to the committee. Through the intern representatives and periodic meetings with the Training Director, interns are kept up-to-date about any changes in the program's plans or policy.

Rotations

Rotation Descriptions

The major clinical rotations described below reflect the variety of psychological services offered at the Central Texas Veterans Health Care System. Interns participate in three major rotations during the internship year, and the choice of those rotations is designed to increase knowledge and experience in

general areas of psychological practice. In addition to major rotations, interns are able to supplement their training experience with minor rotations. Minor rotations (typically four hours per week) are designed to enhance interns' skills and experiences to fulfill training needs and build required competencies through experiences such as neuropsychology, pre-surgical evaluation, treatment of family/couples, PTSD, substance abuse treatment, inpatient psychiatry, clinical research, home-based primary care etc. Most major rotations provide potential options (focused areas) for minor rotation training.

Acute Inpatient Psychiatry – Waco

The Waco acute care inpatient unit provides care to patients with a wide range of psychological conditions including schizophrenia, affective disorders, anxiety disorders, and chemical dependencies. The inpatient rotation provides interns with opportunities for experiences in interviewing, brief individual therapy, group therapy, and psychological assessments. Interns will have experiences working within multidisciplinary treatment teams to facilitate individual treatment planning for patients. Opportunities exist for consultation and collaboration with nursing, social workers, and psychiatry to coordinate inpatient care.

Supervisor: Dorothy McDonald, Psy.D.

Blind Rehabilitation Unit - Waco

On this minor rotation, interns will develop skills in the provision of psychological services to a population with varying degrees of visual impairment. The Blind Rehabilitation Unit is a 15 bed inpatient unit, which focuses on developing independent living skills associated with vision loss, including orientation and mobility; manual skills; visual skills; living skills and computer skills. Various forms of dementia, mood disorders and adjustment to vision loss are the most common primary diagnoses seen in the BRU. Psychological assessment services include interview assessments of psychological status, gross cognitive functioning and ability to cope and adjust to vision loss. A Coping with Blindness Group is offered once per week and the intern would facilitate this group with supervision. Psychotherapy is typically provided on an individual basis, but opportunities for couple and family psycho-education arise at times. The intern will also learn how to consult with rehabilitation specialists regarding psychological or cognitive factors that might impact rehabilitation and how to manage those factors. Generally, it is expected that the intern will develop a greater knowledge of psychopathology assessment procedures, consultation, and psychotherapy in a population with visual impairment. This rotation also offers opportunities for developing a greater knowledge of the psychologist role with interdisciplinary teams. A minimum of one hour supervision per week is provided and there are frequently opportunities for more informal supervision/clinical observation. Readings and didactic presentations are also used to reach learning objectives.

Supervisors: Tai Blanscet, Psy.D.

Family Program – Austin

The Family Program at the Austin VA Outpatient Clinic is an initiative of the Central Texas Veterans Health Care System developed to support Veterans and their families. “Family” is defined broadly to include any individual the Veteran identifies as involved in his/her recovery. The Family Program receives referrals from Veterans and a variety of mental health care services, including: the Post-Traumatic Stress Clinical Team, Primary Care Behavioral Health, the Mental Health Clinic, the Substance Abuse Treatment Program, and Mental Health Intensive Case Management. These referrals result in Veterans presenting with a wide range of Axis I and Axis II diagnoses, with couple distress most often identified as the presenting problem. Services offered through the Family Program include family crisis intervention, brief problem-focused consultation, psycho-education, couples and family therapy, group treatment, outreach and assistance with community referrals.

Primary experiences of the Family Program rotation include assessment of the family, delivery of interventions designed to support the veteran and family in the recovery process, and didactic and self-study of family systems. Family Program supervisors support the implementation of EBT’s including Behavioral Family Therapy, Multi-Family Group Therapy, Consumer-Centered Family Consultation, Prolonged Exposure, and Cognitive Processing Therapy.

Supervisors: Austin – Ryan Hammond, Psy.D. & Pamela Smith, Ph.D.

Home Based Primary Care –Temple

Home Based Primary Care is a community based service that provides in-home care to chronically ill veterans and their caregivers. Working in conjunction with an interdisciplinary team of medical staff, social work, nutrition, and occupational therapy, interns will have the opportunity to provide assessment and intervention for a wide variety of disorders and challenges including mood disorders, coping with chronic illness and debility, aging, trauma, and end of life issues. Interns will gain experience in administering and interpreting dementia and diminished capacity assessments. Cases are often long term and may involve providing caregiver and family support in addition to individual therapy with the veteran. Brief interventions are also used to promote positive health behaviors and improve treatment compliance. A weekly meeting with team members allows interns to collaborate on patient care. Interns in this minor rotation will shadow the psychologist until such time as both decide that the intern is ready to function autonomously, though a supervisor remains available to the intern at all times. Transportation to veteran's homes is provided through the motor pool. CTVHCS and the rotation supervisor will provide reasonable accommodations to interns with disabilities as needed. Interns may also consider one of the PCBH rotations for similar experience if such travel is prohibitive.

Supervisor: Temple – Anna Laurie, Ph.D. (minor rotation only)

Mental Health Clinic (MHC) – Austin

The Mental Health Clinic rotation In Austin offers interns an experience in individual psychotherapy, group psychotherapy and diagnostic interviewing and treatment planning. During this rotation interns

have the opportunity to co-lead ongoing groups, as well as begin new groups. Current groups open for intern involvement include Anger Management Group, Depression Process Group, Pain Management Group, PTSD Maintenance Group, Women's Group, Men's Support Group, Mental Health Recovery Group (for veterans with SMI), Acceptance and Commitment Groups for multiple diagnosis, Cognitive Behavioral Therapy Groups for anxiety and depression, Weight Management Groups, and Chronic Physical Illness Groups. Some groups are ongoing, while others are time-limited so that interns may have the experience of coleading one or two full cycles of a group. Interns may elect to begin a new group, as well. Interns also conduct comprehensive biopsychosocial assessments, which include determination of a five-axis DSM-IV diagnosis and initial treatment plan, when beginning individual therapy with veterans in the MHC. The interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant opportunities are available to work with female veterans. Emphasis is placed on learning and applying evidence-based treatments, primarily Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy, with flexibility in treatment approaches available based on patient need. Opportunities for assessment are limited, but interns with interest in assessment have the opportunity to do one or two psychodiagnostic assessment batteries (e.g., MMPI-2, WAIS-IV, Rorschach, TAT, neuropsychology screening tools, Beck instruments, etc.) while on the MHC rotation. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Austin – Robert O'Brien, Ph.D. & Susan Stanton, Ph.D.

Mental Health Clinic (MHC) – Temple

The Mental Health Clinic rotation offers interns an experience in individual psychotherapy, group psychotherapy and diagnostic interviewing and treatment planning. During this rotation interns have the opportunity to co-lead ongoing groups, as well as begin new groups. Some examples of ongoing groups include the Depression Group, Anxiety Group, Anger Management Group, Stress Management Group, Pain Management Group, and PTSD Group. Interns may elect to begin a new group, as well. If interested, interns may continue to co-lead and/or lead any of these groups as a year-long experience as part of a minor rotation. Interns also conduct comprehensive biopsychosocial assessments for veteran enrollment into the MHC. These assessments include determination of a five-axis DSM-IV diagnosis and initial treatment plan. The interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant opportunities are available to work with female veterans. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Temple – TBD

Mental Health Clinic (MHC) – Waco

The Waco Mental Health Clinic rotation offers interns experience in individual psychotherapy, group psychotherapy, diagnostic interviewing, psychological assessment and treatment planning. During this rotation interns have the opportunity to co-lead groups with supervisors, lead groups under close supervision as well as co-design and co-lead new groups. The Waco MHC offers time-limited groups for patients who are experiencing problems with depression, anxiety, anger, emotional self regulation or interpersonal relationships. The Waco MHC also offers mens and womens support groups as well as a support group for those suffering from serious mental illness. Interns will encounter significant diversity with regards to multicultural issues. Interns will have the opportunity to practice with an EBT approach through clinical supervision and from observation of group therapy done from an Acceptance and Commitment Therapy perspective. The veterans served are predominately male, but significant opportunities are available to work with female veterans. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Waco – Jenny Bivona, Ph.D. & Bruce W. Allen, Ph.D.

Neuropsychology – Austin

This rotation emphasizes neuropsychological evaluations with a diverse medical and outpatient population. Interns will receive training in advanced neuropsychological evaluation. The training emphasis on this rotation includes: 1) familiarization with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neuropsychological test instruments; 5) experience in evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. By the end of this rotation, interns will have a firm grounding in principles of neuropsychological evaluation, allowing for advanced training in neuropsychology (postdoctoral fellowship) sometime during their career. To facilitate these goals, neuropsychology specific didactics are offered to the Neuropsychology track intern and interns taking the Neuropsychology Consult rotation. These include a weekly neuropsychology Journal Club, weekly group supervision, and monthly Neuropsychology Grand Rounds with VA South Texas Health Care training program. Supervision will also include weekly individual supervision.

Supervisor: Shalanda Gordon, Ph.D.

Primary Care Behavioral Health – Austin, Temple, Waco

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental

health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions and other chronic medical ailments. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to work in a Patient Aligned Care Team model through a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion.

Supervisors: Austin – Norma Perez, Ph.D., Jeremy Capello, Ph.D., Josh Westheimer, Ph.D.,
& Mirna Mejia, Ph.D.
Temple – Amy O'Neill Adcock, Ph.D. & Lorie Salinas, Ph.D.
Waco – Brent Kenney, Ph.D.

Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Case Management Program (MHICM) - Waco

The PRRC rotation provides opportunity for exposure, experience and expertise levels of training in Recovery, Psychosocial and Psychiatric Rehabilitation. The intern will develop skills in a variety of assessment and psychiatric rehabilitation applications (Boston University Psychiatric Rehabilitation Approach) as well as in program development and evaluation. Consultation relationships will also be developed between intern on this rotation and Psychology PSR Fellows as further enrichment experience. The intern will participate/present in PSR Fellowship didactics and work as a member of the PRRC treatment team. Specific duties as a team member involves providing Recovery Assessments and Recovery Facilitating Service Planning for veterans receiving care in the PRRC. Training activities will include conducting recovery assessments, developing recovery facilitating service plans, serving as individual recovery guide for Veterans, facilitation or co-facilitation of groups, participating in interdisciplinary treatment team process, providing short-term individual psychotherapy. By the end of the rotation, interns will be expected to articulate the difference between Medical Model and Recovery Model, be able to discuss empirical literature on Recovery including the current status of empirical research on treatment and recovery interventions for consumers with persistent, serious mental illness, describe rationale for Psychiatric Rehabilitation assessment techniques and their differentiation from traditional clinical psychology techniques, engage and facilitate a Recovery process with veterans, describe the importance of person centered planning and program evaluation in Recovery and Rehabilitation programs, and articulate effective case conceptualization in individual psychotherapy with PSMI consumers.

Supervisors: TBD

PTSD Clinical Team (PCT) – Austin

The Austin Posttraumatic Stress Clinical Team, also known as the Center for Trauma Recovery (CTR), is a specialty clinic that provides outpatient care for veterans with histories of deployment to combat zones, and for veterans who report a history of Military-related Sexual Trauma (MST). Dr. Sharon Wills is the Team Leader for Austin PCT, Dr. Mark Adams is Director of Practicum Training, and Dr. Johanna Eckler is Military Sexual Trauma (MST) Coordinator. Psychologists in this clinic are involved in the assessment and treatment of Veterans with trauma-related problems using cognitive-behavioral techniques and empirically-supported therapies, such as Cognitive Processing Therapy, Prolonged Exposure Therapy, Dialectical Behavior Therapy, Seeking Safety, Mindfulness, Acceptance and Commitment Therapy, etc. The patients enrolled in the clinic are both male and female Veterans with combat-related trauma and/ or MST from both past and present military conflicts, Interns will be expected to work with all of the PTSD psychologists, regardless of who is the primary rotation supervisor, and to have appropriate supervision with each. As appropriate to the individual intern's prior clinical and academic background, some clinically appropriate reading assignments will be a part of the rotation experience. *Interns who are interested in being considered for a rotation in the Austin PCT should declare their interest at the beginning of the internship year.*

Interns assigned to this rotation will be an integral part of a multi-disciplinary team of Psychologists, Psychiatrists, Psychology trainees, and a Clinical Social Worker who work together to provide state-of the-art services to Veterans who are enrolled in the program. Interns will have the opportunity to receive training in the above described empirically-supported treatments, as well as to participate in assessment of Veterans for treatment readiness and appropriateness, to facilitate and co-facilitate a variety of psycho-educational and/or process groups, to carry a caseload of Veterans in Individual Psychotherapy, to supervise Psychology Practicum Students, and to function within the larger milieu of the Mental Health and Behavioral Medicine Service in the Austin Outpatient Clinic, which includes 20-22 psychologists, nurses, psychiatrists, nurse practitioners, social workers, and support staff.

Our training philosophy emphasizes thorough training in the dynamics of traumatic stress, as well as careful monitoring of the effects of trauma work on the intern, and prevention of vicarious traumatization. Supervision will follow a developmental model in which the intern is expected to evolve over the course of the rotation from trainee toward a more collegial relationship with program staff.

Supervisors: Johanna Eckler, Psy.D., Holly Garner, Ph.D., & Sharon Wills, Ph.D.

PTSD Clinical Team (PCT) – Temple

The Temple Posttraumatic Stress Clinical Team (PCT) is a specialty clinic that provides outpatient care for veterans with a primary diagnosis of combat-related Posttraumatic Stress Disorder (PTSD) or symptoms of PTSD (e.g., anxiety and depression) that have produced functional impairment. It provides treatment for veterans from all eras of service. This clinical rotation allows interns to gain advanced knowledge of theoretical models and empirically supported treatments such as Cognitive Processing Therapy and Prolonged Exposure Therapy for veterans with combat-related PTSD symptoms. Interns are invited to sit in on and/or co-lead a variety of groups including Veteran and Family, Coping Skills, CPT, Anger Management, Depression, or Nightmares. Interns may also elect to participate in Seeking Safety group targeting veterans with co-morbid substance use. The primary assessment instruments used are the PTSD Checklist (PCL-C) and the Beck Depression I (BDI-II). Other instruments are used as appropriate. Interns will be given the opportunity to conduct diagnostic clinical interviews, develop treatment plans, and conduct individual and group therapy sessions. Some clinically relevant reading assignments may be included as appropriate to the individual intern's prior academic background. Supervisors will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as those individualized goals of each intern.

Supervisors: Stacy Gwynn, Ph.D., Jeremy Crostley, Ph.D., Laura Phillips, Ph.D., James Rodgers, Ph.D.

PTSD Clinical Team (PCT) - Waco

The Waco Posttraumatic Stress Disorder Clinical Team (PCT) is a clinic that provides outpatient care to Veterans who have been diagnosed with combat-related PTSD and have significant impairment in functional areas. This rotation offers interns the opportunity to gain experience and knowledge specific to PTSD. Veterans from all eras of service are treated. Treatment is based on the knowledge of theoretical models and empirically supported modalities. Therapeutic modalities include Cognitive Processing Therapy, Prolonged Exposure, as well as didactic groups that address core symptoms of PTSD. Didactic groups include nightmare resolution, anger management, couples groups, substance abuse and family therapies. The groups are designed to be dynamic and functional so that the treatment team is able to formulate treatment plans geared to an individual's specific needs. There is also the opportunity to provide individual therapy. The intern will be able to develop assessment skills during this rotation using the primary assessment instruments such as the BDI-II (Beck Depression), PTSD Checklist (PCL-C, PCL-M), The Mississippi Scale and CAPS. Other testing instruments are available as needed. Interns will be given the opportunity to conduct appropriate testing and to conduct diagnostic clinical interviews. Staff will work with interns to promote an atmosphere that provides an optimal growth opportunity.

Supervisors: Karen Boyd-Wuertz, Ph.D., Jeffrey Wilson-Reese, Ph.D.

Rehabilitation Psychology – Temple

This rotation will emphasize development of skills needed to provide assessment and intervention in a medical rehabilitation context to patients with disability and chronic illness. Major components of this

rotation include evaluation and treatment of problems including chronic pain, traumatic brain injury, and in a more limited capacity spinal cord injury, amputation, and stroke. Interns will have the opportunity to collaborate with interdisciplinary teams and a wide variety of medical rehabilitation providers.

Psychological assessment opportunities include cognitive screenings and limited pre-surgical evaluations. Interns will also conduct individual and group psychotherapy with medical rehabilitation patients targeted at specific disabilities and health conditions and behavioral change. The assessment and treatment orientation for this rotation is primarily cognitive-behavioral, incorporating approaches such as motivational interviewing and ACT. Interns will be expected to complete an agreed number of assessments, incorporating cognitive, personality, and general psychological testing, and carry a treatment caseload. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided, including opportunities for co-therapy. There is potential for the intern to supervise a practicum student, depending on skill level and availability.

Supervisor: Erin Andrews, Psy.D., ABPP

Rehabilitation and Reintegration Treatment Program (RRTP) – Temple

The Rehabilitation and Reintegration Treatment Program is a residential treatment program which focuses on *rehabilitation* of medical and/or mental health problems, with the goal of *reintegration* into independent community living. This program is based on a Psychosocial Rehabilitation model, and emphasizes self-determination and a view of the veteran as a whole person, rather than a symptom. Veteran's needs are assessed at admission and reviewed monthly, resulting in a therapeutic schedule to help him/her obtain optimal levels of medical and psychological health, chemical abstinence, vocational assistance, and/or securing benefits to assist in their return to community living. The veterans served are a very diverse population, representing a wide range of ages (OIF/OEF to WW2), socioeconomic status (many, but not all, are homeless), and presenting problems (adjustment disorder through SMI, dually diagnosed, vocational rehabilitation needs, active medical treatments like chemotherapy, etc.).

The RRTP rotation provides a rich training experience with much flexibility that can be tailored to the intern's specific training needs and interests. The intern would serve as an integral part of an interdisciplinary assessment and treatment team, coordinating the implementation of a broad range of psychosocial interventions. Interns have opportunities to develop assessment skills, including biopsychosocial assessment, treatment planning, differential diagnosis, personality assessment, and cognitive assessment. Interns implement mental health treatment in the form of individual and group therapies, which could consist of co-leading or leading an existing group, or creating a new group based on the intern's interests and experience level. Opportunities also exist for developing and presenting workshops on a variety of topics. The residential setting and length of stay (approximately four months) allow interns to work with veterans in greater depth, following them throughout the entire course of their treatment in this program. Most RRTP therapeutic offerings are based in Acceptance and Commitment

Therapy (ACT), Mindfulness, and Cognitive-Behavioral approaches, and staff psychologists have completed specialized training in these modalities. Interns will therefore have the opportunity for intensive training in these, and other, state-of-the-art interventions.

Supervisors: Catherine Cotton, Psy.D.

Substance Abuse Treatment Program (SATP) – Waco

The Waco SATP clinic provides various psychological services to veterans who struggle with substance use, addiction, and dependency as well as other comorbid mental health conditions. The clinic consists of 3 psychologists (two are part-time), a social worker, an addictions therapist, and a program support assistant. The clinic offers two levels of care: (1) outpatient (OP) and (2) intensive outpatient (IOP). Assessment is based on the biopsychosocial model and treatment is geared toward recovery, which means helping veterans engage in life. The core intervention strategies used throughout the program include motivational interviewing, cognitive behavioral therapy, acceptance and commitment therapy, and interpersonal process therapy.

Training activities include performing a clinical interview as an initial biopsychosocial intake assessment prior to entrance into the program; conducting a treatment plan; providing individual, couples, and group psychotherapy; involving in case management; collaborating with other providers outside the clinic to coordinate care for the veterans; providing crisis interventions; reassessing treatment progress of veterans; discharging veterans from the program or transferring veterans' care to another service/provider; and participating in program development and improvement with the main focus is to increase treatment engagement and retention, apply evidence-based interventions in daily clinical practice, and enhance the effectiveness of treatment outcome. Interns will be involved in both OP and IOP services in order to promote continuity of care across different levels and stages of treatment. Opportunities for triage and to work with veterans who are in acute psychiatry are also available.

Note: Will be offered as minor rotation only for 2012-13

Supervisors: Waco – Oriel Offit, Psy.D.

Substance Abuse Treatment Program (SATP) – Temple

The SATP provides a full range of drug and alcohol assessment and treatment services for veterans receiving care both in a residential setting and on an outpatient basis. Residential substance use disorder (SUD) services are offered within the 408 bed Domiciliary (the second largest residential facility within the VA). The SATP follows a model, in which the patient's treatment needs, interests, and past treatment efforts are assessed and then the treatment modalities that offer the best chance of a positive treatment outcome are provided to the patient. All patients referred to the program receive a biopsychosocial evaluation. Involving the veteran in a collaborative manner, an individualized treatment plan is developed.

The intern that selects the SATP rotation in Temple will complete biopsychosocial evaluations, lead therapy groups, conduct individual therapy, and participate as a member of the interdisciplinary SATP team. At regularly scheduled treatment team meetings, the intern and other SATP team members present the results of their assessments and a comprehensive treatment plan is developed. The intern may also have the opportunity to conduct assessments of personality and/or cognitive functioning.

Supervisors: Temple – William Crisp, Ph.D.

Substance Abuse Treatment Program (SATP) – Austin

The Austin outpatient Substance Abuse Treatment Program (SATP) uses a three-phase outpatient model for the management of substance use disorders as well as comorbid mental health disorders. The program integrates cognitive behavioral, interpersonal process, and psychodynamic perspectives on assessment and treatment. The staff is comprised of 2 psychologists, 2 psychiatrists, a Post-doctoral fellow and an addictions therapist. The intern will work with both psychologist supervisors throughout the rotation. The majority of veterans participating in the program are involved in the core Phase 1-3 groups which are more heavily focused on Veteran's substance use. The organization of these groups are loosely structured around Stages of Change principles. A significant number of veterans also participate in satellite groups which place greater emphasis on the collateral mental health problems that are often enmeshed with their substance use and which further compromise their functioning (e.g. mood disorders, PTSD, other anxiety disorders, dissociation and characterological problems). The core intervention strategies used throughout the program include: motivational interviewing, cognitive behavioral therapy, interpersonal process therapy. In addition to being exposed to these orientations generally, each supervisor works from individual areas of interest and interns will have opportunities to observe and receive feedback informed by approaches including DBT, Buddhist/Mindfulness perspectives, and psychodynamic theories (e.g. Attachment, Object Relations, somatically-oriented and experiential approaches). The staff psychologists and post-doc provide individual therapy for veterans whose specific clinical issues warrant treatment in a particular modality.

Interns will begin their rotation in SATP with observation of supervisors conducting group therapy and initial assessments. As interns develop an understanding of the culture of the program and demonstrate proficiency in basic intervention strategies, they will begin to co-lead and may eventually lead groups independently. Interns will also conduct individual therapy and initial assessments with our population. Interns will collaborate with supervisors and the entire SATP treatment team on issues related to case conceptualization, treatment planning, crisis intervention, clinical problem solving and program development. Psychological assessment experience (largely objective personality and possibly cognitive assessments) is offered as part of the training experience. Readings will be assigned as appropriate to support intern learning.

Supervisors: Austin – Scott Steiner, Ph.D., Yvette Gutierrez, Psy.D. & Kim Horn, Ph.D.

Women's Trauma Recovery Center (WTRC) / Military Sexual Trauma Outpatient Clinic - Temple

The Women's Trauma Recovery Center (WTRC) is a seven-week intensive program focused on the treatment of Military Sexual Trauma (MST) located in the domiciliary at the Central Texas Veterans Health Care System facility in Temple, Texas. The WTRC admits female veterans or active duty soldiers assigned to Ft. Hood, Texas in a cohort fashion of 8 individuals per cohort. The primary components of the program include trauma processing, skills training, recreation activities, health education, goal-setting, relapse prevention, and aftercare planning. The WTRC offers several Evidenced Based Therapies (EBT) including Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy, Acceptance & Commitment Therapy, and Seeking Safety. In addition, supplementary adjunct groups such as Self-Esteem Group, Anger Management Group, Intimacy Skills, Stress Management and Relaxation, and Relationships are also incorporated into the program. CPT is conducted in a group and individual format that allows for comprehensive trauma processing and individualized support during the treatment process. In addition, each resident undergoes a thorough battery of psychological assessments upon admission to the program. Interns would have the opportunity to develop group and individual therapy skills as well as enhance knowledge on the use of psychological assessments for treatment planning and for diagnostic purposes. In addition to the WTRC, interns may be able to participate in observing or co-facilitating short-term, structured group therapy sessions or engage in conducting short-term individual therapy for male and female veterans who experienced MST.

Supervisor: Julie M. Liszka, Ph.D.

VISN 17 Center of Excellence Clinical Research Rotation - Waco

The VISN 17 Center of Excellence for Research on Returning War Veterans is dedicated to conducting clinical research that will advance the understanding of the impact of deployment to a combat setting on individuals in the military, their families, and their communities. The Center of Excellence rotation offers the opportunity to participate in a variety of clinical research activities such as participation preparation of grant applications, the submission of documentation for IRB approval (Initial or amendments to a protocol), implementation of a clinical research protocol, conducting evidence based assessments specified by a protocol, receiving training in and conducting supervised administration of evidence-based treatments as specified by a protocol, collection of data, and potential participation in the analysis and write-up of data generated through these and other studies. Specific activities will be collaboratively developed in the context of availability of specific opportunities, intern interest, and training needs. Supervision is provided by doctoral psychology staff at the CoE. Learning objectives of the CoE rotation include experience in grant preparation and submission, training in and implementation of evidence based assessment and treatment as specified by a clinical research protocol, and experience in the dissemination of research findings. Given the prolonged nature of the conduct of clinical research, this rotation is designed to be a minor rotation that lasts throughout the full internship year, though a six

month experience is possible. The CoE rotation is 8 hours per week (minor rotation) in Waco at the VISN 17 Center of Excellence.

Supervisors: Sandra Morissette, Ph.D., John Klocek, Ph.D., Andrew Cook, Ph.D., Eric Meyer, Ph.D., David Tharp, Psy.D.

2013-2014 Psychology Internship Faculty

Austin Southgate Mental Health Center

James C. Coleman, Ph.D. – Psychologist, MHICM

Graduate School: University of Houston, 2002

Internship: Fulton State Hospital, Fulton, Missouri 2001-2002

Postdoctoral Fellowship: Fulton State Hospital, Fulton, Missouri 2002-2003

Clinical Interests: Application of behavioral and cognitive behavioral therapies for the treatment of severe mental illness; practice of exposure therapies for anxiety disorders

Research Interests: Evaluating the effectiveness of treatment programs and services for persons with severe mental illness; risk prediction methodology

Clinical Orientation(s): Behavioral and cognitive behavioral

Primary Responsibilities: I am the Psychologist and Team Leader for the Austin-area Mental Health Intensive Case Management (MHICM) Program, which provides community-based treatment for persons with severe mental illness

Rotations Supervised: Community-based treatment of severe mental illness (MHICM Program)

Academic Positions: Clinical Assistant Professor, University of Missouri – Columbia

Kristy Ditzler, Psy.D. – Staff Psychologist, Home-Based Primary Care

Graduate School: Baylor University, 1997

Internship: Austin State Hospital 1996-1997

Postdoctoral Work: Fellowship in Clinical Psychology (neuropsychology emphasis) at The University of Texas Health Science Center at San Antonio, 1997-1998 and Fellowship in neuropsychology at Brooke Army Medical Center, 1998-1999

Clinical Interests: Chronic mental illness, dementia and other adult-onset cognitive disorders, mental retardation, autistic spectrum disorders, and other developmental disabilities

Clinical Orientation(s): Neurobehavioral; systemic

Primary Responsibilities: Staff psychologist in the Primary Care Clinic

Rotations Supervised: Primary Care

Professional Membership(s): National Academy of Neuropsychology

Johanna Eckler, PsyD. – Staff Psychologist; Military Sexual Trauma Coordinator, Austin PCT

Graduate School: Wright State University, 2005

Internship: Ann Arbor VA, 2004-2005

Postdoctoral Fellowship: Central Texas VHCS, Temple (PCT) 2007-2008

Postdoctoral Work: Temple PCT 2007-2009, served as acting Team Leader in that clinic for 6 months.

Austin PCT 2009-present, serving as Military Sexual Trauma Coordinator and Point of Contact for MST for VISN 17 as well.

Clinical Interests: PTSD and trauma, smoking cessation, Dialectical Behavior Therapy, ACT, gender issues, mindfulness

Research Interests: PTSD and trauma, treatment efficacy, but no research ongoing at this time

Clinical Orientation(s): Feminist with heavy use of CBT techniques (PE, DBT, CPT, etc.) and ACT

Primary Responsibilities: Group and individual therapy, consults/intakes, assessment as needed, C&Ps.

Rotations Supervised: PCT (combat trauma as well as those with a special interest in MST)

Professional Membership(s): APA

Shalanda N. Gordon, Ph.D. – Outpatient Neuropsychologist

Graduate School: Howard University, Washington DC

Internship: Sierra Nevada Veterans Health Care System, Reno, NV

Postdoctoral Work: South Texas Veterans Health Care System, San Antonio, TX

Clinical Interests: Adjustment to cognitive difficulties, family therapy surrounding neuropsychological disorders, cognitive rehabilitation

Research Interests: Cognitive factors that are affected by mild TBI and PTSD. Designing and conducting experiments concerning health disparities, stress, and physiological responses, as well as neuropsychological, social, and personality assessments in African American controls, hypertensives, diabetics, and renal disease patients.

Clinical Orientation(s): Eclectic

Primary Responsibilities: Outpatient neuropsychological evaluations, including test administration, scoring and report writing. Outpatient individual and group cognitive rehabilitation. Primary diagnoses include, but are not limited to, TBI, Alzheimer's disease, vascular dementia, PTSD, medical/neurological conditions affecting cognitive functioning, emotional distress, multiple sclerosis, seizure disorder, ADHD, stroke, LD, SCI, and Parkinson's disease.

Rotations Supervised: Austin Outpatient Neuropsychology Clinic

Academic Positions: St. Philips College Adjunct Faculty

Professional Membership(s): South Bexar County Psychological Association, Association of VA

Psychologist Leaders, National Academy of Neuropsychology, International Neuropsychological Society, American Psychological Society, 2006-present

Yvette Gutierrez, Psy.D. – Staff Psychologist, SATP

Graduate School: Indiana State University in Clinical Psychology, 2006

Internship: Central Texas Veterans Health Care System

Clinical Interests: Substance abuse disorders, dual diagnosis, motivational interviewing, cognitive behavioral therapy, and ADHD

Research Interests: Motivational Interviewing

Clinical Orientation(s): CBT

Primary Responsibilities: provide diagnostic evaluations, psychological assessment, individual and group psychotherapy (predominantly to individuals with co-morbid mental health and substance use problems)

Rotations Supervised: SATP

Ryan T. Hammond, Psy.D. – Staff Psychologist, Family Program

Graduate School: The Virginia Consortium Program in Clinical Psychology/2006

Internship: Department of Veterans Affairs Medical Center, New York, New York/2005-2006

Postdoctoral Fellowship: Department of Veterans Affairs Medical Center, Kansas City, Missouri/2006-2007

Postdoctoral Work: Posttraumatic Stress Disorder, Substance-Related Disorders, Couple Therapy

Clinical Interests: Structural Family Therapy, Self Psychology, Psychodynamic Psychotherapy

Research Interests: Trauma and Relationships

Clinical Orientation(s): Family Systems, Cognitive-Behavioral, Psychodynamic

Primary Responsibilities: Family and Couple Therapy, Program Development, Supervision

Rotations Supervised: Family Program [minor rotation]

Professional Membership(s): Association of VA Psychology Leaders, American Psychological Association

Robert O'Brien, Ph.D. – Psychology Coordinator, Staff Psychologist, MHC

Graduate School: U. of Florida, 1976

Internship: 1975

Postdoctoral Fellowship: 1981 (Community Mental Health)

Postdoctoral Work: Psychologist US Army, Clinical Director Community Mental Health Center, VA last 20 years.

Clinical Interests: Group Therapy, Couple's Therapy, PTSD, Program management

Research Interests: Couple's Therapy

Clinical Orientation(s): Acceptance and Commitment Therapy, Gottman Couple's Therapy

Primary Responsibilities: Psychology Lead, Austin Clinic; Group, Couple and Individual therapy, clinical supervision

Rotations Supervised: Mental Health Clinic (Major), ACT (Minor)

Academic Positions: U. of Texas, Clinical Psych, U. of Texas Counseling Psych, Texas A & M

Professional Membership(s): Am Psychological Association, Assoc. Psychological Science, Am Association Marriage and Family Therapy, International Society of Traumatic Stress Studies, Assoc. of Contextual Behavioral Science, Texas Psychological Assoc.

Other: Only VA or DOD person certified as a Gottman Therapist and Trainer. Trained/certified in ACT.

Pamela Smith, Ph.D. – Staff Psychologist & Coordinator, Family Program

Graduate School: University of Texas at Austin in Counseling Psychology (Ph.D.); UT in Social Anthropology (MA)

Internship: University of Texas Health Science Center San Antonio (UTHSCSA), 2002-2003

Postdoctoral Work: Brooke Army Medical Center – Post Doctoral Fellowship in Child/Adolescent and Pediatric Psychology, 2003-2005

Clinical Interests: individual, couple, and family treatment of trauma (combat stress) and post-deployment readjustment issues; group psychotherapy; community psychology; working with community partners to improve access and range of VA services for veterans and families; multi-cultural issues

Clinical Orientation(s): psychodynamic and ecological systemic with integration of cognitive-behavioral treatment approaches

Primary Responsibilities: coordinate the development of family services; provision of couples & family therapy, family consultation

Rotations Supervised: Family Program

Professional Membership(s): American Group Psychotherapy Association (AGPA); Association of VA Psychologist Leaders (AVAPL); APA Division 18 (Psychologists in Public Service); National Latina/o Psychological Association (NLPA)

Scott Steiner, Ph.D. – Staff Psychologist, SATP

Graduate School: University of Texas at Austin, 2002, in Clinical Psychology

Internship: Central Texas Veterans Health Care System, 2001-2002

Postdoctoral Work: Private practice (supervised by Dr. Elayne Lansford) and Central Texas Veterans Health Care System (supervised by Dr. Fred Willoughby)

Clinical Interests: Addictions, trauma, attachment, and mindfulness

Clinical Orientation(s): Interpersonal psychodynamic perspectives, with a special emphasis on short-term psychodynamic models (e.g., Accelerated Experiential Dynamic Psychotherapy); cognitive-behavioral interventions, particularly in group therapy; integrates Somatic Experiencing, Buddhist (primarily in the form of mindfulness) and systemic psychological perspectives (e.g., object relational and Bowen's Family Systems Therapy) within both psychodynamic and cognitive behavioral approaches

Primary Responsibilities: Team Lead for the outpatient Substance Abuse Treatment Program (SATP) in Austin

Rotations Supervised: Outpatient treatment of substance use disorders; Therapeutic Assessment (specialty rotation)

Academic Positions: Adjunct faculty status at the University of Texas at Austin

Sharon Wills, Ph.D., Team Leader, PCT

Graduate School/year graduated: 1995, University of Houston Counseling Psychology

Internship/year: Boston Consortium, 1992-1993 (National Center for PTSD, New England Medical Center, Boston VA Outpatient Clinic)

Postdoctoral Work: University of Texas Medical Branch, Galveston,

Clinical Interests: Treatment and Assessment of Posttraumatic Stress syndromes in Combat Veterans, groups and individual, including Prolonged Exposure Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, and Clinical Hypnosis

Research Interests: Clinical Outcome data, Outreach for Student Veterans in Colleges and Universities (Received grant to place full-time Clinical Psychologist at the University of Texas at Austin and develop outreach program)

Clinical Orientation(s): Cognitive Behavioral interventions, Psychodynamic-Object Relations-Developmental case conceptualization

Primary Responsibilities: Team Leader for Austin PCT

Rotations Supervised: Austin PCT/PTSD

Academic Positions: Texas A&M Health Science Center College of Medicine

Professional Membership(s): International Society for Traumatic Stress Studies, Association of VA Psychology Leaders, APA Division 18; Capital Area Psychological Association (President-elect for 2012 Calendar Year; Member executive committee).

Austin Montopolis Outpatient Clinic

Jeremy Capello, Ph.D. – Staff Psychologist, Primary Care Behavioral Health

Graduate School: University of Texas, 2008

Internship: 2007-2008

Postdoctoral Fellowship: 2008-2009

Postdoctoral Work: Staff position at South Texas Veterans Healthcare System, Staff position at Central Texas Veterans Healthcare System

Clinical Interests: Working with interdisciplinary teams to assist with implementation of behavioral health management

Research Interests: Health Psychology (Cardiovascular Health, Diabetes Management), Integrated Mental Health

Clinical Orientation(s): Cognitive Behavioral Therapy, Existential

Primary Responsibilities: Facilitate Integrated Mental Health in Primary Care: multidisciplinary team approach to manage behavioral health concerns; psychoeducation on implementation of adaptive coping strategies; management of referrals to specialty services

Rotations Supervised: Primary Care Behavioral Health

Professional Membership(s): American Psychological Association

Mirna Mejia, Ph.D.- Staff Psychologist, Primary Care Behavioral Health Clinic

Graduate School: St. John's University, 2002

Internship/Academic Year: Nassau University Medical Center, 2001-2002

Postdoctoral Work: Worked in adolescent residential treatment center, outpatient MH services in High School clinic, disability examinations, outpatient CBT group and individual therapy for sex offenders; supervision of interns, practicum students, and post-doc psychologists for licensing hours

Clinical Interests: Trauma treatment, CBT-insomnia, nightmares, short-term individual therapy for various adjustment issues (e.g., bereavement, marital problems)

Research Interests: Trauma treatments

Clinical Orientation(s): Eclectic; trained in both CBT and psychodynamic orientations.

Primary Job Responsibilities: assess pt's needs and refer to appropriate treatment clinics; provide short-term individual therapy; psychoeducational group for patients with PTSD spectrum symptoms and insomnia; mindfulness workshop

Rotations Supervised: PCBH Integration

Academic Positions: Associate Professor of Clinical Psychology at Columbia University; currently Adjunct Instructor at Austin Community College

Norma J. Perez, Ph.D. – Staff Psychologist, Primary Care Behavioral Health Clinic

Graduate School: University of Rhode Island, 2004

Internship: Edith Nourse VA Medical Center in Bedford, MA

Postdoctoral Work: Clinical - Brown University in Providence, RI; Research - NCI Research, Postdoctoral Fellowship; University of Texas at Houston's School of Public Health

Clinical Interests: primary care psychology, program development and evaluation, assessment and treatment related to PTSD, multiple behavior change, multicultural issues, and health-related behaviors

Research Interests: multiple behavior change in combat veterans

Clinical Orientation(s): eclectic with an emphasis on Cognitive Behavioral Therapy and Transtheoretical Model of Behavior Change.

Primary Responsibilities: Developed and oversees the Primary Care Behavioral Health Clinic at the Austin Outpatient Clinic. She works with a multidisciplinary team of physicians and clinicians to ensure our veterans' comprehensive needs are met which includes their medical, mental, and psychosocial needs. She has been trained in Cognitive Behavioral Therapy, TTM, CPT, and EMDR, among other modalities, and provides individual therapy, couples therapy, group therapy, and assessment services.

Rotations Supervised: Primary Care Behavioral Health Clinic

Academic Positions: Assistant Professor in the Department of Psychiatry & Behavioral Science at Texas A&M Medical School

Professional Membership(s): American Psychological Association

Josh Westheimer, Ph.D. – Staff Psychologist, Primary Care Behavioral Health

Graduate School: University of TX at Austin, 2008

Internship: Denver Health Medical Center, 07-08

Previous Employment: Home Based Primary Care – Temple VA

Clinical Interests: Primary care psychology, health psychology, group medical appointments, geriatric psychology

Research Interests: Integrated healthcare modalities

Clinical Orientation(s): Acceptance and Commitment Therapy

Primary Responsibilities: staff psychologist in primary care behavioral health clinic, providing short term therapy to veterans referred by primary care providers; referrals to specialty mental health clinics; facilitate groups in the primary care clinic targeting depression, stress, and chronic health issues.

Rotations Supervised: Primary care psychology

Professional Membership(s): Texas Psychological Association

Olin E. Teague VA Medical Center, Temple, TX

Amy O'Neill Adcock, Ph.D, Acting Program Coordinator for Primary Care Behavioral Health

Graduate School: University of North Texas, 2006

Internship: 2005-2006 Ft. Worth Federal Correctional Institute, Behavioral Medicine Track

Postdoctoral Fellowship: Scott and White Hospital and Texas A&M College of Medicine Primary Care Mental Health Fellowship, 2006-2007.

Postdoctoral Work: Central Texas VA, Primary Care Psychologist.

Clinical Interests: Behavioral Management of Chronic Medical Illness, Chronic Pain Management

Research Interests: Health and Behavioral Interventions

Clinical Orientation(s): Cognitive Behavioral with use of also Acceptance and Commitment Therapy and Motivational Interviewing

Primary Responsibilities: Oversees Integration of mental health services into primary care, triage and management of patients with a multitude of psychiatric diagnoses seen in primary care, clinical education of other non mental health staff.

Rotations Supervised: Primary Care Mental Health Integration

Professional Membership(s): APA, Division of Health Psychology, Association for VA Psychology Leaders (AVAPL), Texas Psychological Association (TPA).

Erin E. Andrews, Psy.D., ABPP – Rehabilitation Psychologist, Physical Medicine & Rehabilitation

Graduate School: Wright State University, 2008

Internship: James A. Haley VA Medical Center, Tampa, FL, 2007-2008, Rehabilitation Psychology Track

Postdoctoral Work: Postdoctoral Fellowship in Rehabilitation Psychology, James A. Haley VA Medical Center, Tampa, FL, 2008-2009

Clinical Interests: Psychological response to disability and chronic medical conditions; cognitive rehabilitation; behavioral pain management; women's issues in rehabilitation; development of interdisciplinary treatment programs

Research Interests: Rehabilitation outcomes, interdisciplinary treatment team functioning, community reintegration status post TBI, disability as a cultural variable, disability identity formation; participatory action research, qualitative research design

Clinical Orientation(s): Cognitive-Behavioral, biopsychosocial, acceptance-based behavioral interventions

Primary Job Responsibilities: Neuropsychological assessment; Individual, family, and group intervention with rehabilitation population (TBI, Polytrauma, chronic pain, amputee, stroke, etc) on inpatient and outpatient basis; cognitive rehabilitation; program development; supervision.

Rotations Supervised: Rehabilitation Psychology

Academic Positions: Clinical Assistant Professor, Texas A&M Health Science Center, College of Medicine, Department of Psychiatry and Behavioral Science

Professional Membership(s): American Psychological Association, Divisions 22 (Rehabilitation Psychology) and 40 (Neuropsychology), American Pain Society

Other: Board Certified in Rehabilitation Psychology; APA Division 22 Executive Board Member-at-Large (2010-2013), Member, APA Committee on Disability Issues in Psychology (2011-2014); Chair, APA Division 22 Special Interest Group on Psychologists with Disabilities; Alternate Member, Central Texas Veterans Health Care System Institutional Review Board; Ad Hoc Reviewer, *Rehabilitation Psychology*

Catherine Cotton, PsyD – Staff Psychologist, RRTP

Graduate School: Baylor University

Internship: New Orleans VAMC

Postdoctoral Work: New Orleans VAMC, outpatient PTSD program

Clinical Interests: PTSD and cognitive assessment

Clinical Orientation: CBT

Primary Responsibilities: Individual (including 4 hours a week for the MST outpatient services) and group therapy (CBT for Depression, Anger management, Memory Problems), psychological testing as time is available

Rotations Supervised: RRTP

Professional membership(s): APA

Academic Positions: Assistant Professor, Texas A&M Health Science Center, Department of Psychiatry & Behavioral Science

William Crisp, Ph.D. – Staff Psychologist, SATP

Graduate School: University of North Texas

Internship: Central Texas Veterans Health Care System, 2004-2005

Postdoctoral Work: Staff Psychologist in SATP

Clinical Interests: Posttraumatic Stress Disorder, Substance Use Disorders and Dual Diagnoses.

Clinical Orientation(s): Cognitive Behavioral/Constructivist

Primary Responsibilities: individual and group therapy

Rotations Supervised: SATP

Professional Membership(s): Association of VA Psychologist Leaders

Jeremy Crostley, Ph.D. – Acting Team Lead, Temple PCT

Graduate School: University of North Texas, 2009 in Clinical Psychology

Internship: Yale University School of Medicine, 2008-2009

Clinical Interests: primary interest in trauma; additional interests in multicultural topics, autism-spectrum disorders, substance use disorders, SMI

Research Interests: religion/spirituality; etiology and treatment of psychological trauma; impact of personality factors on coping with psychological trauma

Clinical Orientation(s): primarily cognitive-behavioral and constructivist; with an additional interest in object-relations approaches

Primary Responsibilities: diagnostic interviews for PTSD, individual and group therapy, compensation and pension evaluations, supervision of interns and practicum students, administrative duties

Other: Interest and experience in provision of services in Spanish to individuals and couples

Lorie Salinas, PhD, MEd – Psychologist, Temple Primary Care Behavioral Health

Graduate School: University of Miami, 2008

Internship: Bay Pines VA Healthcare System, 2007-2008

Postdoctoral Fellowship: Michael E. DeBakey VA Medical Center in Houston, Texas specializing in Trauma, 2008-2009

Clinical Interests: Trauma, behavioral health, attachment, personality, coping, sexuality/gender

Research Interests: Factors related to the development, maintenance and treatment of complex stress reactions and their resistance to treatment

Clinical Orientation(s): Biopsychosocial theory, theories of attachment, cognition and appraisal

Primary Responsibilities: Consultations, triage, individual and group therapy, and case management; liaison with non-mental health professionals involved in patient care

Rotations Supervised: Primary Care Mental Health Integration, Behavioral Medicine

Other: Certified in Prolonged Exposure and Seeking Safety; trained in Emotion Regulation, Dialectical Behavioral Therapy; trained in Cognitive Processing Therapy for individuals and groups; trained in Acceptance and Commitment Therapy.

Professional Membership(s): American Psychological Association, National Register of Health Service Providers in Psychology.

Stacy Gwynn, Ph.D. – Psychologist, Temple PCT

Graduate School: University of North Texas, 2008

Internship: Michael E. DeBakey VA Medical Center in Houston, 2007-2008

Postdoctoral Fellowship: Michael E. DeBakey VAMC in Houston specializing in PTSD, 2008-2009

Clinical Interests: trauma, marriage and family therapy, attachment

Research Interests: prior research has focused on the role adult and parent-child attachment play in the development of posttraumatic growth following sexual assault

Clinical Orientation(s): Eclectic, drawing from CBT, CPT, and attachment theory

Primary Responsibilities: C&P exams, consult/intakes, individual therapy, group therapy, and case management

Rotations Supervised: PCT

Other: I have been trained in Prolonged Exposure and Cognitive Processing Therapy and utilize these treatments regularly with patients.

Anna Laurie, Ph.D. – Staff Psychologist, Home-Based Primary Care

Graduate School: University of Memphis, 2009

Internship: Buffalo VA Medical Center, 2008-2009

Clinical Interests: Dementia and TBI, grief and bereavement, aging, trauma.

Clinical Orientation(s): Eclectic

Primary Responsibilities: Staff psychologist in Home Based Primary Care

Professional Membership(s): American Psychological Association, Constructivist Psychology Network

Julie M. Liszka, Ph.D. – Staff Psychologist, Women’s Trauma Recovery Center (WTRC)/ Military Sexual Trauma (MST) Outpatient Clinic

Graduate School: New Mexico State University, 2005

Internship: Veterans Healthcare System of Western New York, Buffalo, NY 2003-2004

Postdoctoral Work: Huntington, WV VAMC

Clinical Interests: Treatment of trauma; Treatment of substance abuse issues; Military Sexual Trauma, Cognitive Processing Therapy Training Clinical Orientation(s): Cognitive Processing Therapy (CPT) registered provider; Acceptance and Commitment Therapy (ACT); Dialectical Behavioral Therapy (DBT)

Primary Responsibilities: Individual and group therapy for residential and outpatient program; Program Coordinator for WTRC & MST Outpatient Clinic; CPT trainer

Rotations Supervised: WTRC/MST Outpatient Clinic

Academic Positions: TAMU College of Medicine

Nancy Perachio, Ph.D. – Neuropsychologist

Graduate School: University of Houston, 2001, Clinical Neuropsychology

Internship: Henry Ford Health System, Clinical Psychology, 1997-1998

Postdoctoral Fellowship/year University of Oklahoma Health Science Center, 2002-2003

Postdoctoral Work: Neuropsychologist at private physical rehabilitation facility: Siskin Hospital for Physical Rehabilitation (4 yrs), Psychologist for Paradigm Health Services: counseling in 6 nursing homes (6 months), Neuropsychologist at Temple VA (3+ years)

Clinical Interests: Neuropsychology, traumatic brain injury, dementia, stroke, neurological conditions,

Research Interests: Effectiveness of Cognitive Remediation for improving daily functioning

Clinical Orientation(s): Cognitive Behavioral

Primary Responsibilities: Completing neuropsychological evaluation on referred veterans, some weekly C&P Evaluations, program development for cognitive remediation, weekly cognitive remediation group, participation on the multi-disciplinary Polytrauma Team (weekly), and rotating Employee Assistance Program duties.

Rotations Supervised: currently only a minor rotation in Clinical Neuropsychology

Professional Membership(s): American Psychological Association, National Academy of Neuropsychology, National Register of Health Care Providers in Psychology.

Other: took classes regarding basic neuroscience with medical student, participated in the clinical field trials for Disruptive Behavior Disorders for DSM-IV, and on my fellowship, had the opportunity to participate in forensic neuropsychology (good prep for C&P exams!).

Laura L. Phillips, Ph.D. – Clinical Psychologist, PCT/SUD – Temple PCT clinic

Graduate School/year graduated: University of Alabama, 2007

Internship/year: Dept of VA – Pittsburgh Healthcare System, 2006-2007

Postdoctoral Fellowship/year: Dept of VA – Michael E DeBakey VAMC (Houston, TX), 2007-2009

Clinical Interests: Substance use, PTSD, Geropsychology, Suicidality, Families

Research Interests: Geropsychology, Spirituality/Religion, Healthcare Utilization among Rural Populations

Clinical Orientation(s): Cognitive Behavioral / Systems

Primary Responsibilities: Provide individual and group psychotherapy for dual-diagnosis patients within the PCT clinic as SUD/PCT psychologist, Program Evaluation/Development for PCT clinic and SUD/PCT specialty. Served as interim team lead for PCT clinic.

Rotations Supervised: Temple PCT Clinic

Professional Membership(s): VA Psychology Leadership, Gerontological Society of America; American Psychological Association

Other: Trained in Seeking Safety, Prolonged Exposure, Cognitive Processing Therapy, Multiple-Family Group, and Integrative Behavioral Couples Therapy.

Jim Rodgers, Ph.D.- Psychologist, Temple MHC & PCT

Graduate School: University of Louisville, 2009 in Clinical Psychology

Internship: Audi Murphy VA Medical Center in San Antonio, 2008-2009

Postdoctoral Fellowship: Audi Murphy VA Medical Center in San Antonio specializing in Palliative Care/Bereavement, 2009-2010

Clinical Interests: primary interest in grief and bereavement; general mental health; additional interests in coping factors and group dynamics

Research Interests: Geropsychology; aging; death and dying; SMI

Clinical Orientation(s): Eclectic, drawing from ACT, CBT and Logotherapy

Primary Responsibilities: diagnostic interviews for PTSD, individual and group therapy, compensation and pension evaluations, pre-surgical exams, palliative care and bereavement.

Other: I have VA rollout training in CBT-D & CPT and utilize this training daily in providing services. I have interest in the therapeutic use of music and I enjoy playing piano/keyboards and guitar.

Waco VA Medical Center

Bruce W. Allen, Ph.D. – Staff Psychologist, Mental Health Clinic

Graduate School: University of North Texas, 1992

Internship: Olin E. Teague Veterans Medical Center, Temple, Texas 1987-1988

Postdoctoral Work: Faculty at Baylor University, VA Psychologist for 17 years.

Clinical Interests: Geropsychology, brief neuropsychological evaluation of geriatric patients, individual and couples therapy with adults, interpersonal and constructivist approaches to psychotherapy, and treatment of patients experiencing grief and loss

Clinical Orientation(s): Constructivist, Interpersonal

Primary Responsibilities: Individual, couples and group psychotherapy; clinical supervision of practicum students, interns and post doctoral fellows in the Mental Health Clinic. Acting Director of Interprofessional Fellowship in Psychosocial Rehabilitation for Veterans with Chronic, Serious Mental Illness.

Rotations Supervised: Mental Health Clinic

Academic Positions: Assistant Professor in the Department of Psychiatry & Behavioral Science at Texas A&M Medical School, Associate Clinical Professor at Baylor University

Professional Membership(s): Texas Psychological Association, American Psychological Association

Jenny Bivona, Ph.D. – Psychologist, Waco Mental Health Clinic

Graduate School: University of North Texas, 2008

Internship: Central Texas Veterans Health Care System, 2007-2008

Clinical Interests: Acceptance and Commitment Therapy, Mindfulness Interventions

Clinical Orientation(s): Acceptance and Commitment Therapy

Primary Responsibilities: (clinical duties): Staff Psychologist in the Waco Mental Health Clinic – individual and group psychotherapy, supervision of practicum students and psychology interns.

Rotations Supervised: Waco Mental Health Clinic

Professional Membership(s): Association for Contextual Behavioral Science

Tai Blanscet, Psy.D. – Psychologist, Blind Rehabilitation Center

Graduate School: University of Denver

Internship: University of Denver Counseling Center

Postdoctoral Work: A postdoc in neuropsychological and vocational assessment for individuals with visual impairment at Clinical and Consulting Neuropsychology.

Clinical Interests: assessment, adjusting to vision loss, acceptance and commitment therapy

Clinical Orientation(s): CBT, ACT

Primary Responsibilities: (clinical duties): Assessment of each individual entering the BRC, group and individual therapy, staff consultation, cognitive assessment.

Rotations Supervised: Blind Rehabilitation Unit/Geropsychology rotation.

Karen Boyd-Wuertz, Ph.D. - Team Leader, Waco PCT

Graduate School: Texas A&M University, 1987

Internship: Wichita Kansas Veteran's Hospital, University of Kansas Medical School, Wichita 1986-1987

Postdoctoral Fellowship/year: Independent Study, Neurological testing, Larry Carver, M.D. Kansas City.

Taught at Baker University and developed a student Counseling Center, worked at Northeast Kansas Mental Health, Leavenworth Kansas

Postdoctoral Work: CEO, Rehabilitation Institutes of America: Kansas City Kansas, Providence St.

Margaret Health Center; Active Medical Staff, general medical hospital, Community Memorial Healthcare Marysville, Kansas

Clinical Interests: Couples, PTSD, Physical/Psychological Components of Diagnoses

Research Interests: Physical/Brain connection with psychological disorders, especially anxiety disorders and brain function

Clinical Orientation(s): Psychodynamic, Cognitive/Behavioral, Client-Centered

Primary Responsibilities: Psychological Assessments, therapy both group and individual, program development, development of standardized policies and procedures

Rotations Supervised: PCT

Brent Kenney, Ph.D. – Staff Psychologist, Primary Care Behavioral Health

Graduate School: University of Texas at Austin, 2010

Internship: Edward Hines Jr. VA Hospital, Chicago, 2009-2010

Postdoctoral Fellowship: University of Oklahoma Health Sciences Center and Oklahoma City VAMC, 2010-2011

Postdoctoral Work: Primary Care Mental Health Integration, research on baseline coping and mindfulness skills predicting depressive symptoms following cognitive behavioral group therapy

Clinical Interests: Working with interdisciplinary teams; individual, group, and caregiver interventions

Research Interests: Physical and psychological health comorbidities; stress, coping, and resilience; program implementation and development; mindfulness and positive psychology

Clinical Orientation(s): Cognitive Behavioral Therapy, Interpersonal Process Therapy, Motivational Interviewing, Gottman Method Couple's Therapy, Exposure and Response Prevention

Primary Responsibilities: Team lead for the Primary Care Behavioral Health Clinic at the Waco VAMC. In this role he provides consultation and liaison services to multidisciplinary Primary Care team members to address readiness-to-change, adherence to behavioral and medical regimens, health risk behaviors, and psychological aspects of medical illnesses. He also delivers behavioral pain management group therapy, pre-surgical mental health evaluations, and will soon begin to implement "Moving Forward" problem-solving group therapy for OEF/OIF/OND veterans.

Rotations Supervised: Primary Care Behavioral Health Clinic

Academic Positions: None

Professional Membership(s): American Psychological Association - Division 38 Health Psychology, Association of VA Psychologist Leaders

Dorothy McDonald, Psy.D. – Staff Psychologist, Inpatient Psychiatry

Graduate School: California School of Professional Psychology, CA 1995

MSN NP from Stony Brook University, New York 2004

Internship: Butner Federal Correctional Institution, North Carolina

Postdoctoral Work: Forensic and Military Psychology

Clinical Interests: Psychopharmacology, Mindfulness, Group Therapy

Research Interests: No research at this time

Clinical Orientation(s): Cognitive Behavioral / Eclectic

Primary Responsibilities: Provide Psychological Services on Psychiatric Inpatient Units

Rotations Supervised: Psychiatric Inpatient Units

Oriel J. Offit, Psy.D. – Staff Psychologist, SATP/PTSD

Graduate School: Baylor University, 2004

Internship: Central Texas Veterans Health Care System

Postdoctoral Work: Central Texas Veterans Health Care System, SATP

Clinical Interests: motivational interviewing, treatment of dual diagnosis patients, treatment of PTSD, attachment and other interpersonal approaches to development, psychopathology and treatment

Research Interests: effects of therapeutic rapport on behavioral change, interpersonal psychology, PTSD, suicidal behavior, substance abuse

Clinical Orientation(s): Interpersonal and CBT

Primary Responsibilities: assessment, consultation, individual and group psychotherapy for outpatients with PTSD and substance abuse problems; consultation, individual and group psychotherapy for patients with co-morbid mental health problems who are residents or inpatients in various units on the Waco campus

Rotations Supervised: SATP

Carmen Wilson-Reese, Psy.D. – Staff Psychologist, Waco VA MHICM Team Leader

Graduate School: University of Denver Graduate School of Professional Psychology, 1995

Internship: University of Akron, Counseling and Testing Center

Postdoctoral Work: Fellowship –Brawner South Hospital 1995-1996, Quantum Behavioral Healthcare 1997-2000, Magellan Behavioral Healthcare 1999-2000, MHM services contracted to the Georgia Dept. of Corrections 2000-2010.

Research Interests: None

Clinical Orientation(s): Cognitive-behavioral, Bio-psychosocial, , Recovery oriented

Primary Responsibilities: Provide treatment services through Mental Health Intensive Case Management Program (an Assertive community Treatment program) with veterans, direct the interdisciplinary program staff towards ACT and PSR oriented service provision. Core Faculty member for the

Psychosocial Rehabilitation Fellowship at Waco VAMC.

Rotations Supervised: MHICM (currently unavailable)

Academic Positions: None

Professional Membership(s): None

*Other :*None

Jeffrey A. Wilson-Reese, Psy.D. – Clinical Psychologist, PCT/SUD (Posttraumatic Stress Disorder Clinical Team/Substance Use Disorders)

Graduate School: University of Denver, Graduate School of Professional Psychology, 1993

Internship: University of Tennessee, Student Counseling Services Center; University of Tennessee Medical Center, Alcohol and Drug Recovery Unit

Postdoctoral Work: The College of Wooster Health Services Center; Quantum Behavioral Healthcare; Mental Health Management

Research Interests: Applications of Prolonged Exposure Therapy

Clinical Orientation(s): Cognitive Behavioral; Object Relations

Primary Responsibilities: Individual and group therapy utilizing Cognitive Behavioral/Evidence-Based Treatment of PTSD and PTSD with co-occurring substance use disorders(Cognitive Processing Therapy, Prolonged Exposure Therapy, Seeking Safety).

Rotations Supervised: Waco PCT

Academic Positions: None

Professional Membership(s): None

VISN 17 Center of Excellence for Research on Returning War Veterans

Andrew J. Cook, Ph.D. – Acting Chief, Education and Dissemination Core; CTVHCS Psychology Internship Training Director

Graduate School: University of Manitoba, 1995

Internship: University of Virginia Health Sciences Center, 1994-95

Postdoctoral Work: Vancouver Pain Management Clinic, 1995-97; University of Virginia Health System, 1998-2006; Burwood Rehabilitation Hospital, New Zealand, 2007-09.

Clinical Interests: Behavioral medicine, pain management, integrated healthcare, geropsychology

Research Interests: Psychosocial factors and treatments in chronic pain, technological applications in assessment and management of chronic illness, psychosocial outcome predictors for invasive medical procedures, psychosocial factors in organ transplantation.

Clinical Orientation(s): Cognitive-behavioral, biopsychosocial, systems

Primary Responsibilities: COE: Oversight for educational and training programs across developmental spectrum (undergraduate to post-graduate) and disciplines, and dissemination of research and professional activities. CTVHCS: Coordination and management of internship training program.

Rotations Supervised: COE

Academic Positions: Associate Professor, Department of Psychiatry & Behavioral Science, Texas A&M Health Science Center College of Medicine. Former positions: Associate Professor, Dept Anesthesiology, University of Virginia School of Medicine; Adjunct faculty, Department of Psychology, University of Canterbury, New Zealand; Senior Clinical Lecturer, Dept of Orthopedics and Musculoskeletal Medicine, University of Otago, New Zealand.

Professional Membership(s): American Psychological Association, Society of Behavioral Medicine, American Pain Society, International Association for the Study of Pain, New Zealand Pain Society.

Other: Advocate of interdisciplinary and integrated healthcare. Editorial board member, *Topics in Geriatric Rehabilitation*; Ad hoc reviewer for multiple pain, behavioral medicine, sleep and health services journals.

Nathan A. Kimbrel – Clinical Research Psychologist

Graduate School: University of North Carolina at Greensboro, 2002-2009

Internship: Jackson VAMC and University of Mississippi Medical Center, 2008-2009

Postdoctoral Work: VISN 17 Center of Excellence, 2009-2011

Clinical Interests: Psychiatric genetics; G x E and G x G interactions; PTSD and other anxiety disorders; depression; substance-use disorders; psychiatric comorbidity; personality; cognitive bias; structural equation modeling; latent growth modeling; mixture modeling; psychometrics.

Clinical Orientation(s): Cognitive-behavioral, biopsychosocial approach

Primary Responsibilities: Principal-investigator and research scientist.

Rotations Supervised: COE

Academic Positions: Assistant Professor, Department of Psychiatry & Behavioral Science, Texas A&M Health Science Center College of Medicine.

Professional Membership(s): American Psychological Association, Association for Behavior and Cognitive Therapies, International Society for Psychiatric Genetics, Society for Neuroscience

John W. Klocek, Ph.D. – Core Leader/Supervisory Psychologist, Treatment Development and Treatment Outcomes Core

Graduate School: St. Louis University, Clinical, 1996

Internship: University of North Carolina at Chapel Hill School of Medicine 1994 - 1995

Postdoctoral Work: University of Virginia Health Science Center, Department of Anesthesiology Pain Management Center, 1995 – 1997

University of Montana - Missoula, Department of Psychology, 1997 – 2005

Central Texas Veterans Health Care System, 2005 – 2009

VISN 17 Center of Excellence for Research on Returning War Veterans, 2009 - present

Research Interests: Psychotherapy outcome research with co-occurring disorders; pain management, PTSD

Clinical Orientation(s): Cognitive-Behavioral

Primary Responsibilities: Oversight and development of the Treatment Development and Outcomes Core, development, implementation, and dissemination of treatment outcome research

Rotations Supervised: CoE Clinical Science rotation

Academic Positions: Associate Professor, Department of Psychiatry and Behavioral Sciences, Texas A&M Health Science Center College of Medicine

Professional Membership(s): ABCT, AVAPL, American Pain Society, APA (Div. 12, 18, 38),

Eric Meyer, Ph.D., Clinical Psychologist, Investigator

Graduate School: Binghamton University (State University of New York at Binghamton-SUNY), 2005

Internship: Boston Consortium (Boston VA)

Postdoctoral Work: Postdoctoral Fellowship, Harvard Medical School Department of Psychiatry 2005-2007; PTSD clinic (PCT) Temple VA 2007-2009

Research Interests: PTSD and co-occurring disorders, psychotic disorders, identification of risk factors for psychopathology, neurocognitive aspects of psychiatric disorders, psychotherapy outcomes, psychosocial rehabilitation

Clinical Orientation(s): cognitive-behavioral, acceptance and mindfulness based therapies

Primary Responsibilities: Investigator on several research projects being conducted at VISN 17 COE for Research on Returning War Veterans, Member of CTVHCS IRB

Rotations Supervised: COE

Academic Positions: Assistant Professor, TAMHSC

Professional Membership(s): Society for Research in Psychopathology, International Society for Traumatic Stress Studies, American Psychological Association

Other: Member of editorial board for *Neuropsychology*

Sandra B. Morissette, Ph.D. – Assessment Core Leader

Graduate School: Boston University, 2001

Internship: VA Boston Health Care System, 2000-2001

Postdoctoral Work: VA Boston Health Care System, Informatics Fellowship, 2001-03.

Clinical Interests: Co-occurring disorders, anxiety disorders and PTSD, addictive behaviors.

Research Interests: Factors that influence the functional recovery processes following warzone deployments, longitudinal design, military family coping with deployments, risk and resilience factors in firefighters, nicotine/tobacco, PTSD, co-occurring disorders.

Clinical Orientation(s): Cognitive-behavioral

Primary Responsibilities: As Assessment Core Leader, oversight of assessment methodology across COE studies to ensure validity and cross-study communication; oversight and conduct of Project SERVE (Study Evaluating Returning Veterans' Experiences) program of research, training in complex diagnostic assessment procedures.

Rotations Supervised: VISN 17 COE

Academic Positions: Associate Professor, Department of Psychiatry & Behavioral Science, Texas A&M College of Medicine. Former positions: Assistant Professor, Department of Psychiatry, Boston University School of Medicine, and Department of Psychology, Boston University.

Professional Membership(s): American Psychological Association

David F. Tharp, Psy.D., Clinical Psychologist

Graduate School: Illinois School of Professional Psychology, Clinical Psychology, 2000

Internship: State of Wisconsin, Ethan Allen

Postdoctoral Work: Federal Bureau of Prisons, Bryan, Tx

Research Interests: Neurofeedback, Biofeedback, PTSD, TBI

Clinical Orientation(s): Cognitive-Behavioral

Primary Responsibilities: Military consultant to COE for all grants, Business Core, CSP#572 psychologist

Rotations Supervised: VISN 17 COE

Academic Positions: Texas A&M College of Medicine

Professional: Texas Psychological Association

(Please see <http://www.appic.org/Match/Match-Policies> for updates)

APPIC Match Policies: 2012-2013

Adopted July 19, 2012

The following policies will guide the 2013 APPIC Match and Post-Match Vacancy Service.

Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Post-Match Vacancy Service.

Phase I of the Match

- The Rank Order List Submission Deadline is February 6, 2013 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase I Match Day, February 22, 2013.

Phase II of the Match

- The application deadline (see Policy 3b) is February 28, 2013 at 11:00 a.m. Eastern Time.
- The Rank Order List Submission Deadline is March 18, 2013 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase II Match Day, March 25, 2013.

1. **These policies apply to all participants in the APPIC Match and Post-Match Vacancy Service, including APPIC member internship programs, non-APPIC member internship programs, and student applicants and their doctoral program faculty.**
 - a. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.
 - b. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.

- c. Directors of APPIC Doctoral Program Associates and other doctoral programs with students participating in the APPIC Match are requested to ensure that their students understand and adhere to these policies.
- d. Violations of APPIC Match Policies or Match Agreements by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' graduate and/or internship programs.

Internship programs must offer all of their internship positions in Phase I of the APPIC Match.

Positions for which funding is not assured should not be offered in the Match.

- a. Positions that are left unfilled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.
- b. Positions that are not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.
- c. Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 9 and its subparagraphs below.

For both Phase I and Phase II of the APPIC Match, the AAPI Online application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI Online, and no site may request a printed copy of an applicant's application materials.

Internship programs and applicants must abide by the APPIC AAPI Online Supplemental Materials policy, which states that the only supplemental materials that may be requested by internship programs or submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.

- a. All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline, but are not required to do so.

For Phase I of the Match, internship programs that conduct on-site or telephone interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status.

- . Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).
 - a. Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory Online listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.
 - b. For Phase II of the Match, notification of interview status is not required.

Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information pertaining to either Phase of the Match prior to the release of the results for Phase II of the Match.

- . Internship programs must include the following statement on their web sites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant."
 - a. Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked) but may not communicate any other ranking information. The spirit of this item precludes any communication of rankings for either Phase of the Match prior to the release of the results for Phase II of the Match, however "veiled" or indirect such communication might be. However, sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.
 - b. Internship programs and applicants may never solicit information regarding applicants' and programs' rankings at any time, either during the Match or after the Match results are released.
 - c. Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview

arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' final rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.

- d. Any ranking information that is communicated between applicants and internship programs, even though such communication is a violation of these policies, is non-binding and may be changed at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.
- e. Internship programs may choose to provide applicants with information about the size of the applicant pool.

Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.

- . Failure to receive timely notification of the APPIC Match results, for any reason, does **not** constitute a release from the obligations of the APPIC Match.
 - a. Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.
 - b. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 11:00 a.m. Eastern Time on the APPIC Match Day for each Phase of the Match. On each APPIC Match Day, no contact between internship sites and matched applicants should occur prior to 11:00 a.m. Eastern Time.
 - c. It is not necessary for internship training directors to contact applicants with whom they have not been matched.

Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.

- . Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.

- a. Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.

Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match to applicants who do not obtain a position in Phase I. Positions not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may also be offered to eligible applicants in Phase II of the Match.

All applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Applicants who do not register for Phase I cannot register for or participate in Phase II.

- a. All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming year (e.g., anticipated loss of funding, shifting of funding to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.
- b. Internship programs with positions that are offered in Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI Online, as specified in paragraph 3 above.

Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may then make other direct offers of admission (verbal or written) to applicants who are not already matched or to applicants who did not participate in the APPIC Match. Applicants who are not matched to a position may then receive other direct offers of admission.

Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day. Applicants who are not matched to a position after completion of both Phases of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day.

- a. Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.
- b. Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.
- c. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.
- d. An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.
- e. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 7a and 7b above.

Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).

. Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic training directors, and/or APPIC, or by other informal means. APPIC sponsors an "[Informal Problem Consultation](#)" process (described on the APPIC web site) that is recommended for use in addressing these issues.

- a. Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic training directors to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "[Informal Problem Consultation](#)" process.
- b. Perceived violations of APPIC Policies and/or the Match Agreement that are not resolved through the APPIC "[Informal Problem Consultation](#)" process may be reported as a formal complaint to the APPIC Standards and Review Committee (ASARC).

If a formal complaint is filed with APPIC regarding an alleged violation of these policies, the [APPIC Standards and Review Committee \(ASARC\)](#) will evaluate the allegations and recommend an appropriate course of action to the APPIC Board of Directors. The APPIC

Board of Directors is the body that ultimately determines the course of action. ASARC policies are described on the APPIC web site. Formal complaints regarding violations of APPIC policies should be filed by submitting an ASARC Complaint Form (available from the APPIC web site) to:

Chair, APPIC Standards and Review Committee
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Fax: (832) 284-4079

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